

---> INTERNSHIP APPLICATION

INTERNSHIP APPLICATION

OFFICE OF CONGRESSMAN MIKE MCINTYRE

NAME			
	(Last)	(First)	(Middle)
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS			
		PHONE	
PERMANENT ADDR	ESS		
		PHONE	
CONGRESSIONAL D	DISTRICT _		
EDUCATION			
PAST EMPLOYMEN	Γ		
(include mention of yo	our political	e) ABOUT YOUR PAST POLITICAL EXP l party) AND TELL WHY YOU ARE INTEI IN A CONGRESSIONAL OFFICE.	
ALSO, INCLUDE	A WRITIN	G SAMPLE (1 page) ABOUT A CURRENT	EVENT.
IN CASE OF EMERG	ENCY, CO	NTACT	
		PHONE	
PLEASE MAIL TO:		CONGRESSMAN MIKE MCINTYRE	
		228 Cannon HOB	
		Washington, D.C. 20515	
		ATTN: Dean Mitchell	
Signature			Date